

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this an amended filing

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

#### About Debtor 1:

##### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

**Joshua**

First name

**R.**

Middle name

**Heincig**

Last name and Suffix (Sr., Jr., II, III)

#### About Debtor 2 (Spouse Only in a Joint Case):

**Morgan**

First name

**M.**

Middle name

**Heincig**

Last name and Suffix (Sr., Jr., II, III)

##### 2. All other names you have used in the last 8 years

Include your married or maiden names.

##### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

**xxx-xx-1907**

**xxx-xx-2552**

Debtor 1 **Joshua R. Heincig**  
Debtor 2 **Morgan M. Heincig**

Case number (if known)

**About Debtor 1:**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

EINs

**About Debtor 2 (Spouse Only in a Joint Case):**

I have not used any business name or EINs.

Business name(s)

EINs

**5. Where you live**

**4907 Maple Hill Drive  
McCullom Lake, IL 60050-2421**

Number, Street, City, State & ZIP Code

**McHenry**

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Joshua R. Heincig**  
Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

8. **How you will pay the fee**

I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.  
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).  
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?**

No.  
 Yes.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

No  
 Yes.

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

11. **Do you rent your residence?**

No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?  
 No. Go to line 12.  
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **Joshua R. Heincig**  
Debtor 2 **Morgan M. Heincig**

Case number (if known)

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

*Check the appropriate box to describe your business:*

Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines.* If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

No.

Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 **Joshua R. Heincig**  
 Debtor 2 **Morgan M. Heincig**

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

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**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Joshua R. Heincig**  
 Debtor 2 **Morgan M. Heincig**

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

<b>16. What kind of debts do you have?</b>	16a. <b>Are your debts primarily consumer debts?</b> Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <p><input type="checkbox"/> No. Go to line 16b.</p> <p><input checked="" type="checkbox"/> Yes. Go to line 17.</p>
	16b. <b>Are your debts primarily business debts?</b> Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <p><input type="checkbox"/> No. Go to line 16c.</p> <p><input type="checkbox"/> Yes. Go to line 17.</p>
	16c. State the type of debts you owe that are not consumer debts or business debts
<hr/>	
<b>17. Are you filing under Chapter 7?</b>	<p><input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.</p> <p><input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<hr/>	
<b>18. How many Creditors do you estimate that you owe?</b>	<input type="checkbox"/> 1-49 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 25,001-50,000 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> 100-199 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> More than 100,000 <input type="checkbox"/> 200-999
<hr/>	
<b>19. How much do you estimate your assets to be worth?</b>	<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> \$500,001 - \$1 million <input type="checkbox"/> \$100,000,001 - \$500 million <input type="checkbox"/> More than \$50 billion
<hr/>	
<b>20. How much do you estimate your liabilities to be?</b>	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$500,000,001 - \$1 billion <input checked="" type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> \$500,001 - \$1 million <input type="checkbox"/> \$100,000,001 - \$500 million <input type="checkbox"/> More than \$50 billion

**Part 7: Sign Below**

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Joshua R. Heincig

**Joshua R. Heincig**

Signature of Debtor 1

/s/ Morgan M. Heincig

**Morgan M. Heincig**

Signature of Debtor 2

Executed on March 3, 2016  
 MM / DD / YYYY

Executed on March 3, 2016  
 MM / DD / YYYY

Debtor 1 **Joshua R. Heincig**  
Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**If you are not represented by an attorney, you do not need to file this page.**

**/s/ James T. Magee**  
Signature of Attorney for Debtor

Date

**March 3, 2016**  
MM / DD / YYYY

**James T. Magee**

Printed name

**Magee Hartman, P.C.**

Firm name

**444 North Cedar Lake Road  
Round Lake, IL 60073**

Number, Street, City, State & ZIP Code

Contact phone **(847) 546-0055**

Email address

**bk@mageehartman.com**

**1729446**

Bar number & State

Fill in this information to identify your case:

Debtor 1	<b>Joshua R. Heincig</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Morgan M. Heincig</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		<b>Your assets</b> Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	\$ <b>0.00</b>
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <b>0.00</b>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <b>46,276.00</b>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <b>46,276.00</b>

#### Part 2: Summarize Your Liabilities

		<b>Your liabilities</b> Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	\$ <b>27,000.00</b>
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <b>27,000.00</b>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	\$ <b>0.00</b>
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <b>0.00</b>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <b>42,333.87</b>
		<b>Your total liabilities</b> \$ <b>69,333.87</b>

#### Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	\$ <b>0.00</b>
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <b>0.00</b>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	\$ <b>4,815.00</b>
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <b>4,815.00</b>

#### Part 4: Answer These Questions for Administrative and Statistical Records

##### 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

##### 7. What kind of debt do you have?

**Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

**Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to

Debtor 1 **Joshua R. Heincig**

Debtor 2 **Morgan M. Heincig**

the court with your other schedules.

Case number (if known) \_\_\_\_\_

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ **8,247.00**

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u><b>0.00</b></u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u><b>0.00</b></u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u><b>0.00</b></u>
9d. Student loans. (Copy line 6f.)	\$ <u><b>0.00</b></u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u><b>0.00</b></u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u><b>0.00</b></u>
<b>9g. Total.</b> Add lines 9a through 9f.	\$ <u><b>0.00</b></u>

Fill in this information to identify your case and this filing:

Debtor 1	<b>Joshua R. Heincig</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Morgan M. Heincig</b>		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF ILLINOIS</b>			
Case number			<input type="checkbox"/> Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.
- Yes. Where is the property?

#### Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

##### 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
- Yes

3.1 Make: <b>Chevrolet</b>	Model: <b>Suburban</b>	Year: <b>2007</b>	Approximate mileage: <b>165,000</b>	Other information:	<b>Who has an interest in the property? Check one</b>	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Check if this is community property (see instructions)	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
										\$8,000.00	\$8,000.00		

3.2 Make: <b>Ford</b>	Model: <b>F-250</b>	Year: <b>2001</b>	Approximate mileage: <b>165,000</b>	Other information:	<b>Who has an interest in the property? Check one</b>	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Check if this is community property (see instructions)	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
										\$10,000.00	\$10,000.00		

##### 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
- Yes

Debtor 1 **Joshua R. Heincig**  
 Debtor 2 **Morgan M. Heincig**

Case number (if known)

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

**\$18,000.00**

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?  
Do not deduct secured claims or exemptions.**

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

No  
 Yes. Describe.....

**Household Furniture and Furnishings**

**\$1,000.00**

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No  
 Yes. Describe.....

**Camcorder**

**\$50.00**

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No  
 Yes. Describe.....

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No  
 Yes. Describe.....

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No  
 Yes. Describe.....

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No  
 Yes. Describe.....

**Wearing Apparel**

**\$500.00**

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No  
 Yes. Describe.....

**Jewelry**

**\$200.00**

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

No  
 Yes. Describe.....

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No

Debtor 1 **Joshua R. Heincig**  
 Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....

**\$1,750.00**

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. **Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No  
 Yes.....

17. **Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No  
 Yes..... Institution name:

17.1. Checking #	First Midwest Bank	\$200.00
------------------	--------------------	----------

18. **Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No  
 Yes..... Institution or issuer name:

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No  
 Yes. Give specific information about them..... Name of entity: % of ownership:

20. **Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.  
 Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No  
 Yes. Give specific information about them  
 Issuer name:

21. **Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No  
 Yes. List each account separately.  
 Type of account: Institution name:  
**Pension (Payable on Retirement)** **Fox Valley Laborer's Union Local #1035** **Unknown**

Pipe Fitters' Assoc. Local 597 Retirement Plan	Mass Mutual Financial Group	\$25,226.00
--	-----------------------------	-------------

22. **Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No  
 Yes. ....  
 Institution name or individual:

Debtor 1 **Joshua R. Heincig**  
 Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

<b>Security Deposit</b>	<b>Landlord's</b>	<b>\$1,100.00</b>
-------------------------	-------------------	-------------------

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

No  
 Yes..... Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No  
 Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No  
 Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No  
 Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No  
 Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

No  
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No  
 Yes. Give specific information.....

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No  
 Yes. Give specific information..

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No  
 Yes. Name the insurance company of each policy and list its value.  
 Company name: \_\_\_\_\_ Beneficiary: \_\_\_\_\_ Surrender or refund value: \_\_\_\_\_

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No  
 Yes. Give specific information..

Debtor 1 **Joshua R. Heincig**  
Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

**Estate of Joy Stewart, Deceased  
Executor, Carol A. Johnson  
Debtor believes he may have been included in Will but not  
disclosed or known.**

**Unknown**

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No  
 Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No  
 Yes. Describe each claim.....

**35. Any financial assets you did not already list**

No  
 Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$26,526.00**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.  
 Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  
If you own or have an interest in farmland, list it in Part 1.**

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

No. Go to Part 7.  
 Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

No  
 Yes. Give specific information.....

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**

**\$0.00**

Debtor 1 **Joshua R. Heincig**  
Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

**Part 8:** List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 .....	\$0.00
56. Part 2: Total vehicles, line 5	\$18,000.00
57. Part 3: Total personal and household items, line 15	\$1,750.00
58. Part 4: Total financial assets, line 36	\$26,526.00
59. Part 5: Total business-related property, line 45	\$0.00
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00
61. Part 7: Total other property not listed, line 54	\$0.00
62. Total personal property. Add lines 56 through 61...	\$46,276.00
	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62	\$46,276.00

Fill in this information to identify your case:

Debtor 1	<b>Joshua R. Heincig</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Morgan M. Heincig</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known) _____			

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		<i>Check only one box for each exemption.</i>	
<b>2007 Chevrolet Suburban 165,000 miles</b> Line from <i>Schedule A/B</i> : 3.1	<b>\$8,000.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(c)</b>
<b>2001 Ford F-250 165,000 miles</b> Line from <i>Schedule A/B</i> : 3.2	<b>\$10,000.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(c)</b>
<b>Household Furniture and Furnishings</b> Line from <i>Schedule A/B</i> : 6.1	<b>\$1,000.00</b>	<input checked="" type="checkbox"/> <b>\$1,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
<b>Camcorder</b> Line from <i>Schedule A/B</i> : 7.1	<b>\$50.00</b>	<input checked="" type="checkbox"/> <b>\$50.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
<b>Wearing Apparel</b> Line from <i>Schedule A/B</i> : 11.1	<b>\$500.00</b>	<input checked="" type="checkbox"/> <b>\$500.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(a)</b>

Debtor 1 Joshua R. Heincig  
Debtor 2 Morgan M. Heincig

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Jewelry</b> Line from Schedule A/B: 12.1	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
<b>Checking #: First Midwest Bank</b> Line from Schedule A/B: 17.1	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
<b>Pension (Payable on Retirement): Fox Valley Laborer's Union Local #1035</b> Line from Schedule A/B: 21.1	<u>Unknown</u>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1006</b>
<b>Pipe Fitters' Assoc. Local 597 Retirement Plan: Mass Mutual Financial Group</b> Line from Schedule A/B: 21.2	<u>\$25,226.00</u>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1006</b>
<b>Security Deposit: Landlord's</b> Line from Schedule A/B: 22.1	<u>\$1,100.00</u>	<input checked="" type="checkbox"/> <u>\$1,100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-901</b>
<b>Estate of Joy Stewart, Deceased Executor, Carol A. Johnson Debtor believes he may have been included in Will but not disclosed or known.</b> Line from Schedule A/B: 32.1	<u>Unknown</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>

**3. Are you claiming a homestead exemption of more than \$155,675?**

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

Fill in this information to identify your case:

Debtor 1	<b>Joshua R. Heincig</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Morgan M. Heincig</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF ILLINOIS</b>			
Case number (if known) _____			

Check if this is an amended filing

**Official Form 106D**

**Schedule D: Creditors Who Have Claims Secured by Property**

**12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

		<b>Column A</b> Amount of claim Do not deduct the value of collateral.	<b>Column B</b> Value of collateral that supports this claim	<b>Column C</b> Unsecured portion If any
--	--	--	---	--

**2.1 Citizens Finance Company**  
Creditor's Name

Describe the property that secures the claim: **\$11,000.00**

**2001 Ford F-250 165,000 miles**

**\$10,000.00**

**\$1,000.00**

**60 West Terra Cotta Avenue, #D Crystal Lake, IL 60014**  
Number, Street, City, State & Zip Code

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Nature of lien.** Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

**Who owes the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim relates to a community debt**

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**2.2 Pronto Finance**  
Creditor's Name

Describe the property that secures the claim:

**\$16,000.00**

**\$8,000.00**

**\$8,000.00**

**2007 Chevrolet Suburban 165,000 miles**

**1900 East Golf Road Schaumburg, IL 60173**  
Number, Street, City, State & Zip Code

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Nature of lien.** Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

**Who owes the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim relates to a community debt**

Debtor 1	<b>Joshua R. Heincig</b>	Case number (if known)
First Name	Middle Name	Last Name
Debtor 2	<b>Morgan M. Heincig</b>	
First Name	Middle Name	Last Name
Date debt was incurred	Last 4 digits of account number	

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$27,000.00**

If this is the last page of your form, add the dollar value totals from all pages.

**\$27,000.00**

Write that number here:

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Name Address

-NONE-

On which line in Part 1 did you enter the creditor?

Last 4 digits of account number

Fill in this information to identify your case:

Debtor 1	<b>Joshua R. Heincig</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Morgan M. Heincig</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
- Yes.

#### Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	<b>Advocate Good Shepherd Hosp.</b> Nonpriority Creditor's Name <b>Emergency Room Services</b> <b>450 West Highway 22</b> <b>Barrington, IL 60010</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>5348</b> When was the debt incurred? <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ <b>Balance on Account</b> _____

Debtor 1 **Joshua R. Heincig**Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

4.2	<b>Advocate Medical Group</b> Nonpriority Creditor's Name <b>8550 West Bryn Mawr Avenue</b> <b>8th Floor</b> <b>Chicago, IL 60631</b> Number Street City State Zip Code	Last 4 digits of account number <b>6299</b>	\$280.63
		When was the debt incurred?	_____
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____			
<b>Balance on Account</b>			
<b>Anesthesia Assoc Crystal Valley</b> Nonpriority Creditor's Name <b>c/o A/R Concepts</b> <b>33 West Higgins Road</b> <b>Barrington, IL 60010</b> Number Street City State Zip Code		Last 4 digits of account number	\$1,693.00
		When was the debt incurred?	_____
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____			
<b>Balance on Account</b>			
<b>AT&amp;T</b> Nonpriority Creditor's Name <b>c/o Enhanced Recovery</b> <b>8014 Bayberry Road</b> <b>Jacksonville, FL 32256</b> Number Street City State Zip Code		Last 4 digits of account number <b>4725</b>	\$159.00
		When was the debt incurred?	_____
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____			
<b>Balance on Account</b>			

Debtor 1 **Joshua R. Heincig**  
 Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

<b>4.5</b>	<b>AT&amp;T U-Verse</b> Nonpriority Creditor's Name <b>c/o I C System Inc.</b> <b>P. O. Box 64378</b> <b>Saint Paul, MN 55164</b> Number Street City State Zip Code	Last 4 digits of account number <b>7001</b> When was the debt incurred? _____	<b>\$963.00</b>
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____			
<b>Balance on Account</b>			
<b>4.6</b>			
<b>Capital One Bank N.A.</b> Nonpriority Creditor's Name <b>c/o Portfolio Recovery</b> <b>120 Corporate Blvd., #1</b> <b>Norfolk, VA 23502</b> Number Street City State Zip Code			
Last 4 digits of account number <b>8400</b> When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____			
<b>Balance on Account</b>			
<b>4.7</b>			
<b>Capital One Bank N.A.</b> Nonpriority Creditor's Name <b>c/o Portfolio Recovery</b> <b>P. O. Box 41067</b> <b>Norfolk, VA 23541</b> Number Street City State Zip Code			
Last 4 digits of account number <b>8400</b> When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____			

Debtor 1 **Joshua R. Heincig**Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

4.8

**Centegraph Health Systems**

Nonpriority Creditor's Name

**c/o Aams LLC****4800 Mills Civic Pkwy, #202****West Des Moines, IA 50265-5265**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$5,187.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other.  
 Specify \_\_\_\_\_

**Balance on Account** \_\_\_\_\_

4.9

**Centegraph Hospital McHenry**

Nonpriority Creditor's Name

**P. O. Box 1447****Woodstock, IL 60098-1447**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$54.10**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other.  
 Specify \_\_\_\_\_

**Balance on Account** \_\_\_\_\_

4.10

**Centegraph Physician Care**

Nonpriority Creditor's Name

**P. O. Box 37847****Philadelphia, PA 19101-7847**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$950.60**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other.  
 Specify \_\_\_\_\_

**Balance on Account** \_\_\_\_\_

Debtor 1 **Joshua R. Heincig**Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

4.11	<b>Center for Diagnostic Imaging</b> Nonpriority Creditor's Name <b>P. O. Box 1450 NW5710 Minneapolis, MN 55485-5710</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$4,209.00</b>
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____			
<b>Balance on Account</b> _____			
<hr/>			
4.12	<b>Charter Communications</b> Nonpriority Creditor's Name <b>c/o Credit Management LP 4200 International Pkwy Carrollton, TX 75007</b> Number Street City State Zip Code	Last 4 digits of account number <b>7305</b>	<b>\$641.00</b>
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____			
<b>Balance on Account</b> _____			
<hr/>			
4.13	<b>Cheuw M. Oey, M.D.</b> Nonpriority Creditor's Name <b>c/o CMRE Financial Services, Inc. 3075 E. Imperial Hwy, #200 Brea, CA 92821</b> Number Street City State Zip Code	Last 4 digits of account number <b>4076</b>	<b>\$112.00</b>
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____			
<b>Balance on Account</b> _____			

Debtor 1 **Joshua R. Heincig**  
Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

4.14	<b>Childrens Hosp of Wisconsin</b> Nonpriority Creditor's Name <b>c/o MHFS</b> <b>P. O. Box 1996</b> <b>Milwaukee, WI 53201</b> Number Street City State Zip Code	Last 4 digits of account number <b>2010</b>	\$208.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____			
<b>Balance on Account</b> _____			
<hr/>			
4.15	<b>Childrens Hosp. of Wisconsin</b> Nonpriority Creditor's Name <b>c/o MHFS</b> <b>10200 W. Innovation Drive</b> <b>Milwaukee, WI 53226</b> Number Street City State Zip Code	Last 4 digits of account number <b>2010</b>	\$0.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____			
<b>Balance on Account</b> _____			
<hr/>			
4.16	<b>City of McHenry</b> Nonpriority Creditor's Name <b>c/o Certified Services, Inc.</b> <b>P. O. Box 177</b> <b>Waukegan, IL 60079-0177</b> Number Street City State Zip Code	Last 4 digits of account number <b>0408</b>	\$408.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____			
<b>Balance on Account</b> _____			

Debtor 1 **Joshua R. Heincig**  
 Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

4.17	<b>Clinton Emergency Assoc.</b> Nonpriority Creditor's Name <b>c/o Aba</b> <b>300 1/2 South 2nd</b> <b>Clinton, IA 52733</b>	Last 4 digits of account number <b>3998</b>	\$491.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____			
<b>Balance on Account</b> _____			
<hr/>			
4.18	<b>First National Bank McHenry</b> Nonpriority Creditor's Name <b>3814 West Elm Street</b> <b>McHenry, IL 60050</b>	Last 4 digits of account number <b>0912</b>	\$500.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____			
<b>Balance on Account</b> _____			
<hr/>			
4.19	<b>First National Bank of McHenry</b> Nonpriority Creditor's Name <b>c/o Donald C. Stinespring &amp; Assoc.</b> <b>P. O Box 382</b> <b>Richmond, IL 60071-0382</b>	Last 4 digits of account number <b>0676</b>	\$0.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____			

Debtor 1 **Joshua R. Heincig**  
 Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

4.20	<b>Froedtert Hospital</b> Nonpriority Creditor's Name <b>c/o MHFS</b> <b>10200 W. Innovation Drive</b> <b>Milwaukee, WI 53226</b> Number Street City State Zip Code	Last 4 digits of account number <b>1880</b> When was the debt incurred? _____	<b>\$188.00</b>
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____			
<b>Balance on Account</b> _____			
4.21	<b>Froedtert Hospital</b> Nonpriority Creditor's Name <b>c/o MHFS</b> <b>P. O. Box 1996</b> <b>Milwaukee, WI 53201</b> Number Street City State Zip Code	Last 4 digits of account number <b>1880</b> When was the debt incurred? _____	<b>\$0.00</b>
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____			
<b>Balance on Account</b> _____			
4.22	<b>Gateway Medical Imaging</b> Nonpriority Creditor's Name <b>c/o Cbe Group</b> <b>1309 Technology Pkwy</b> <b>Cedar Falls, IA 50613</b> Number Street City State Zip Code	Last 4 digits of account number <b>0887</b> When was the debt incurred? _____	<b>\$37.00</b>
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____			
<b>Balance on Account</b> _____			

Debtor 1 **Joshua R. Heincig**  
 Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

4.23	<b>Greater Elgin Emerg. Specialists</b> Nonpriority Creditor's Name <b>c/o Creditors Collection</b> <b>755 Almar Pkwy</b> <b>Bourbonnais, IL 60914</b>	Last 4 digits of account number <b>3018</b>	\$163.00
		When was the debt incurred?	_____
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
<b>Balance on Account</b> _____			
4.24	<b>Greater Elgin Emerg. Specialists</b> Nonpriority Creditor's Name <b>c/o Creditors Collection</b> <b>P. O. Box 63</b> <b>Kankakee, IL 60901</b>	Last 4 digits of account number	\$0.00
		When was the debt incurred?	_____
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
4.25	<b>J &amp; K Pediatrics LLC</b> Nonpriority Creditor's Name <b>4119 West Shamrock Lane</b> <b>Suite 201</b> <b>McHenry, IL 60050-8268</b>	Last 4 digits of account number <b>3479</b>	\$15.90
		When was the debt incurred?	_____
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
<b>Balance on Account</b> _____			

Debtor 1 **Joshua R. Heincig**Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

<p><b>4.26</b></p> <p><b>Long Beach Public Library</b> Nonpriority Creditor's Name <b>c/o Unique National Collection</b> <b>119 East Maple Street</b> <b>Jeffersonville, IN 47130</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>5108</b>      <b>\$40.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><b>Balance on Account</b> _____</p>
<hr/> <p><b>4.27</b></p> <p><b>Los Alamitos Imaging Ctr</b> Nonpriority Creditor's Name <b>c/o Continental Credit Ctr</b> <b>22 North Milpas Street, #C</b> <b>Santa Barbara, CA 93103</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>	
<p>Last 4 digits of account number <b>3,305.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><b>Balance on Account</b> _____</p>	
<hr/> <p><b>4.28</b></p> <p><b>Los Alamitos Medical Center</b> Nonpriority Creditor's Name <b>c/o Central Financial Control</b> <b>P. O. Box 66051</b> <b>Anaheim, CA 92816</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>	
<p>Last 4 digits of account number <b>\$545.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><b>Balance on Account</b> _____</p>	

Debtor 1 **Joshua R. Heincig**  
Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

4.29	<b>McHenry Pediatrics, M.D.</b> Nonpriority Creditor's Name <b>c/o American Credit Systems</b> <b>P. O. Box 72849</b> <b>Roselle, IL 60172-0849</b> Number Street City State Zip Code	Last 4 digits of account number <b>1237</b>	\$915.40
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____			
<b>Balance on Account</b>			
4.30	<b>McHenry Public Library District</b> Nonpriority Creditor's Name <b>c/o Unique National Collection</b> <b>119 East Maple Street</b> <b>Jeffersonville, IN 47130</b> Number Street City State Zip Code	Last 4 digits of account number <b>9564</b>	\$159.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____			
<b>Balance on Account</b>			
4.31	<b>McHenry Radiologists</b> Nonpriority Creditor's Name <b>c/o Oac</b> <b>P. O. Box 371100</b> <b>Milwaukee, WI 53237</b> Number Street City State Zip Code	Last 4 digits of account number	\$527.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____			
<b>Balance on Account</b>			

Debtor 1 **Joshua R. Heincig**  
 Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

4.32	<b>McHenry Radiologists</b> Nonpriority Creditor's Name <b>P. O. Box 220</b> <b>McHenry, IL 60051-0220</b> Number Street City State Zip Code	Last 4 digits of account number <b>MRIG</b> <span style="float: right;">\$13.00</span>
When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____		
<b>Balance on Account</b> _____		
<b>4.33</b> <b>McHenry Radiologists</b> Nonpriority Creditor's Name <b>c/o A/R Concepts</b> <b>33 West Higgins Road</b> <b>South Barrington, IL 60010</b> Number Street City State Zip Code		Last 4 digits of account number <b>\$200.00</b>
When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____		
<b>Balance on Account</b> _____		
<b>4.34</b> <b>MCW Physicians-Pediatric</b> Nonpriority Creditor's Name <b>c/o MHFS</b> <b>10200 W. Innovation Drive</b> <b>Milwaukee, WI 53226</b> Number Street City State Zip Code		Last 4 digits of account number <b>3389</b> <span style="float: right;">\$11.00</span>
When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____		
<b>Balance on Account</b> _____		

Debtor 1 **Joshua R. Heincig**  
Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

4.35	<b>MCW Physicians-Pediatric</b> Nonpriority Creditor's Name <b>c/o MHFS P. O. Box 1996 Milwaukee, WI 53201</b>	Last 4 digits of account number <b>3389</b>	\$0.00
As of the date you file, the claim is: Check all that apply			
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other.</p> <p><input type="checkbox"/> Yes      Specify _____</p>			
<p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>			
<p><b>4.36 MDC Environmental Services</b> Nonpriority Creditor's Name <b>1050 Greenlee Street Marengo, IL 60152</b></p>			
<p>Last 4 digits of account number <b>3601</b>      \$301.62</p>			
<p>As of the date you file, the claim is: Check all that apply</p>			
<p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other.</p> <p><input type="checkbox"/> Yes      Specify <b>Balance on Account</b> _____</p>			
<p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>			
<p><b>4.37 MDC Environmental Services</b> Nonpriority Creditor's Name <b>c/o ARM Solutions, Inc. P. O. Box 2929 Camarillo, CA 93011-2929</b></p>			
<p>Last 4 digits of account number <b>1111</b>      \$0.00</p>			
<p>As of the date you file, the claim is: Check all that apply</p>			
<p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other.</p> <p><input type="checkbox"/> Yes      Specify _____</p>			
<p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>			

Debtor 1 **Joshua R. Heincig**  
 Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

4.38	<b>Medical College Physicians</b> Nonpriority Creditor's Name <b>c/o MHFS</b> <b>10200 W Innovation Drive</b> <b>Milwaukee, WI 53226</b>	Last 4 digits of account number <b>8011</b>	\$283.00
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____			
<b>Balance on Account</b> _____			
<hr/>			
4.39	<b>Medical College Physicians</b> Nonpriority Creditor's Name <b>c/o MHFS</b> <b>P. O. Box 1996</b> <b>Milwaukee, WI 53201</b>	Last 4 digits of account number <b>8011</b>	\$0.00
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____			
<b>Balance on Account</b> _____			
<hr/>			
4.40	<b>Mercy Health System Physician Servic</b> Nonpriority Creditor's Name <b>c/o Harris &amp; Harris, Ltd.</b> <b>111 West Jackson Blvd., #400</b> <b>Chicago, IL 60604-4135</b>	Last 4 digits of account number <b>1336</b>	\$670.13
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____			
<b>Balance on Account</b> _____			

Debtor 1 **Joshua R. Heincig**  
 Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

4.41	<b>Mercy Health System</b> Nonpriority Creditor's Name <b>1000 Mineral Point Avenue</b> <b>Janesville, WI 53548</b> Number Street City State Zip Code	Last 4 digits of account number _____ <b>\$1,644.56</b> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
		<b>Balance on Account</b> _____
4.42	<b>Mercy Medical Center</b> Nonpriority Creditor's Name <b>c/o Tri State Adjustment</b> <b>440 Challenge Street</b> <b>Freedom, IL 61032</b> Number Street City State Zip Code	Last 4 digits of account number <b>2171</b> <b>\$2,269.00</b> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
		<b>Balance on Account</b> _____
4.43	<b>MHS-Physicians Services</b> Nonpriority Creditor's Name <b>c/o Osi Collection</b> <b>507 Prudential Road</b> <b>Horsham, PA 19044</b> Number Street City State Zip Code	Last 4 digits of account number <b>0534</b> <b>\$0.00</b> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____

Debtor 1 **Joshua R. Heincig**  
Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

4.44	<b>MHS-Physicians Services</b> Nonpriority Creditor's Name <b>c/o State Collection Service</b> <b>2509 S. Stoughton Road</b> <b>Madison, WI 53716</b>	Last 4 digits of account number <b>0534</b>	<b>\$269.00</b>
		When was the debt incurred? _____	
As of the date you file, the claim is: Check all that apply			
<p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other.</p> <p><input type="checkbox"/> Yes      Specify _____</p>			
		<b>Balance on Account</b> _____	
4.45	<b>Moraine Emerg. Physicians</b> Nonpriority Creditor's Name <b>c/o NCO Fin / 02</b> <b>507 Prudential Road</b> <b>Horsham, PA 19044</b>	Last 4 digits of account number <b>9166</b>	<b>\$0.00</b>
		When was the debt incurred? _____	
As of the date you file, the claim is: Check all that apply			
<p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other.</p> <p><input type="checkbox"/> Yes      Specify _____</p>			
4.46	<b>Moraine Emerg. Physicians</b> Nonpriority Creditor's Name <b>c/o Credit Management</b> <b>P. O. Box 1654</b> <b>Green Bay, WI 54305</b>	Last 4 digits of account number <b>4887</b>	<b>\$476.00</b>
		When was the debt incurred? _____	
As of the date you file, the claim is: Check all that apply			
<p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other.</p> <p><input type="checkbox"/> Yes      Specify _____</p>			
		<b>Balance on Account</b> _____	

Debtor 1 **Joshua R. Heincig**  
 Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

4.47	<b>Moraine Emerg. Physicians</b> Nonpriority Creditor's Name <b>c/o NCO Fin/99 P. O. Box 15636 Wilmington, DE 19850</b>	Last 4 digits of account number _____	<b>\$819.00</b>
		When was the debt incurred? _____	
As of the date you file, the claim is: Check all that apply			
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>			
<b>Balance on Account</b> _____			
4.48	<b>Moraine Emerg. Physicians</b> Nonpriority Creditor's Name <b>c/o Nrthestcrcol 245 Main Street Dickson City, PA 18519</b>	Last 4 digits of account number _____	<b>\$1,137.00</b>
		When was the debt incurred? _____	
As of the date you file, the claim is: Check all that apply			
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>			
<b>Balance on Account</b> _____			
4.49	<b>Moraine Emerg. Physicians</b> Nonpriority Creditor's Name <b>c/o Pinnacle Financial Group P. O. Box 7230 Overland Park, KS 66207</b>	Last 4 digits of account number <b>3149</b>	<b>\$462.00</b>
		When was the debt incurred? _____	
As of the date you file, the claim is: Check all that apply			
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>			
<b>Balance on Account</b> _____			

Debtor 1 **Joshua R. Heincig**Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

4.50	<b>Moraine Emerg. Physicians</b> Nonpriority Creditor's Name <b>c/o Deca Financial Service</b> <b>12175 Visionary Way</b> <b>Fishers, IN 46038</b>	Last 4 digits of account number _____	<b>\$1,602.00</b>
		When was the debt incurred? _____	
As of the date you file, the claim is: Check all that apply			
<p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes      <b>Balance on Account</b> _____</p>			
4.51	<b>Moraine Emerg. Physicians</b> Nonpriority Creditor's Name <b>c/o Round Two Recovery LLC</b> <b>3690 East I-240 Servi</b> <b>Oklahoma City, OK 73135</b>	Last 4 digits of account number <b>7202</b>	<b>\$490.00</b>
		When was the debt incurred? _____	
As of the date you file, the claim is: Check all that apply			
<p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes      <b>Balance on Account</b> _____</p>			
4.52	<b>Nicor Gas</b> Nonpriority Creditor's Name <b>Credit Department</b> <b>P. O. Box 549</b> <b>Aurora, IL 60507</b>	Last 4 digits of account number <b>0712</b>	<b>\$493.06</b>
		When was the debt incurred? _____	
As of the date you file, the claim is: Check all that apply			
<p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes      <b>Balance on Account</b> _____</p>			

Debtor 1 **Joshua R. Heincig**  
Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

<p><b>4.53</b></p> <p><b>Pendrick Capital Partners LLC</b> Nonpriority Creditor's Name <b>c/o Harvard Collection</b> <b>4839 North Elston Avenue</b> <b>Chicago, IL 60630</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other.</p> <p><input type="checkbox"/> Yes      Specify _____</p>	<p>Last 4 digits of account number <b>1895</b>      <b>\$376.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other.      <b>Balance on Account</b> _____</p>
<hr/> <p><b>4.54</b></p> <p><b>Robert G. Pugach M.D.</b> Nonpriority Creditor's Name <b>c/o I C System Inc.</b> <b>P. O. Box 64378</b> <b>Saint Paul, MN 55164</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other.</p> <p><input type="checkbox"/> Yes      Specify _____</p>	
<p>Last 4 digits of account number <b>9001</b>      <b>\$132.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other.      <b>Balance on Account</b> _____</p>	
<hr/> <p><b>4.55</b></p> <p><b>St. Mary Medical Center</b> Nonpriority Creditor's Name <b>c/o Progressive Mgmt System</b> <b>1521 W Cameron Ave., Flr 1</b> <b>West Covina, CA 91790</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other.</p> <p><input type="checkbox"/> Yes      Specify _____</p>	
<p>Last 4 digits of account number <b>8888</b>      <b>\$866.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other.      <b>Balance on Account</b> _____</p>	

Debtor 1 **Joshua R. Heincig**  
 Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

4.56	<b>St. Mary Medical Center</b> Nonpriority Creditor's Name <b>c/o Progressive Management</b> <b>P. O. Box 2220</b> <b>West Covina, CA 91793</b> Number Street City State Zip Code	Last 4 digits of account number <b>8888</b> When was the debt incurred? _____	<b>\$0.00</b>
<b>As of the date you file, the claim is:</b> Check all that apply			
<b>Who incurred the debt?</b> Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input type="checkbox"/> Other. Specify _____			
4.57	<b>TCF National Bank</b> Nonpriority Creditor's Name <b>c/o American Collections</b> <b>919 Estes Court</b> <b>Schaumburg, IL 60193</b> Number Street City State Zip Code	Last 4 digits of account number <b>6787</b> When was the debt incurred? _____	<b>\$103.00</b>
<b>As of the date you file, the claim is:</b> Check all that apply			
<b>Who incurred the debt?</b> Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify <b>Balance on Account</b> _____			
4.58	<b>The Payday Loan Store of Illinois</b> Nonpriority Creditor's Name <b>810 Front Street, Unit D</b> <b>McHenry, IL 60050</b> Number Street City State Zip Code	Last 4 digits of account number <b>0424</b> When was the debt incurred? _____	<b>\$4,608.90</b>
<b>As of the date you file, the claim is:</b> Check all that apply			
<b>Who incurred the debt?</b> Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify <b>Balance on Account</b> _____			

Debtor 1 **Joshua R. Heincig**Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

4.59	<b>Tri-County Emerg. Physicians</b> Nonpriority Creditor's Name <b>c/o Medical Business Bureau</b> <b>1460 Renaissance Drive</b> <b>Park Ridge, IL 60068</b>	Last 4 digits of account number _____	<b>\$651.00</b>
		When was the debt incurred? _____	
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____			
<b>Balance on Account</b> _____			
4.60	<b>Tri-County Emergency Phys.</b> Nonpriority Creditor's Name <b>P. O. Box 98</b> <b>Barrington, IL 60011-0098</b>	Last 4 digits of account number <b>9581</b>	<b>\$22.80</b>
		When was the debt incurred? _____	
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____			
<b>Balance on Account</b> _____			
4.61	<b>Wellington Radiology Group</b> Nonpriority Creditor's Name <b>44000 Garfield Road</b> <b>Clinton Township, MI 48038</b>	Last 4 digits of account number <b>2131</b>	<b>\$18.00</b>
		When was the debt incurred? _____	
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. <input type="checkbox"/> Yes      Specify _____			
<b>Balance on Account</b> _____			

Debtor 1 **Joshua R. Heincig**  
Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

4.62 **WPL Company/Alliant Energy** Last 4 digits of account number **4879** **\$0.00**

Nonpriority Creditor's Name  
**c/o OSI Collection**  
**407 Prudential Road**  
**Horsham, PA 19044**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**  
 Is the claim subject to offset?  
 No       Other.  
 Yes      Specify \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

4.63 **WPL Company/Alliant Energy** Last 4 digits of account number **4879** **\$402.00**

Nonpriority Creditor's Name  
**c/o State Collection Service**  
**2509 S. Stoughton Road**  
**Madison, WI 53716**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**  
 Is the claim subject to offset?  
 No       Other.  
 Yes      Specify \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Balance on Account**

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**-NONE-**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1		6a. Domestic support obligations	Total claim	
			6a.	\$ _____ <b>0.00</b>
		6b. Taxes and certain other debts you owe the government	6b.	\$ _____ <b>0.00</b>
		6c. Claims for death or personal injury while you were intoxicated	6c.	\$ _____ <b>0.00</b>
		6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ _____ <b>0.00</b>

Debtor 1 **Joshua R. Heincig**  
Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

Total claims  
from Part 2

6e. Total. Add lines 6a through 6d.

6e. \$ **0.00**

6f. Student loans

6f. \$ **0.00**

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ **0.00**

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ **0.00**

6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6i.

6i. \$ **42,333.87**

6j. Total. Add lines 6f through 6i.

6j. \$ **42,333.87**

Fill in this information to identify your case:

Debtor 1	<b>Joshua R. Heincig</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Morgan M. Heincig</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Landlord	Month-To-Month Residential Lease

Fill in this information to identify your case:

Debtor 1	<b>Joshua R. Heincig</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Morgan M. Heincig</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3.2

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<u>Joshua R. Heincig</u>
Debtor 2 (Spouse, if filing)	<u>Morgan M. Heincig</u>
United States Bankruptcy Court for the:	<u>NORTHERN DISTRICT OF ILLINOIS</u>
Case number (If known)	_____

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:  
 \_\_\_\_\_ MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Debtor 2 or non-filing spouse

Employed  
 Not employed

Employed  
 Not employed

Occupation

Debtor 1

Debtor 2 or non-filing spouse

Laborer

Homemaker

Employer's name

Debtor 1

Debtor 2 or non-filing spouse

Intren

Employer's address

Debtor 1

Debtor 2 or non-filing spouse

Union, IL

How long employed there?

4 years

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1	For Debtor 2 or non-filing spouse
--------------	-----------------------------------

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 0.00 \$ 0.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 0.00 \$ 0.00

Debtor 1 **Joshua R. Heincig**  
 Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

Copy line 4 here .....	For Debtor 1	For Debtor 2 or non-filing spouse
	4. \$ <b>0.00</b>	\$ <b>0.00</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>0.00</b>	\$ <b>0.00</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>0.00</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ <b>0.00</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>0.00</b>
5e. Insurance	5e. \$ <b>0.00</b>	\$ <b>0.00</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>0.00</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>0.00</b>
5h. Other deductions. Specify: _____	5h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>0.00</b>	\$ <b>0.00</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>0.00</b>	\$ <b>0.00</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>0.00</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>0.00</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>0.00</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>0.00</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <b>0.00</b>	\$ <b>0.00</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>0.00</b>
8h. Other monthly income. Specify: _____	8h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>0.00</b>	\$ <b>0.00</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>0.00</b> + \$ <b>0.00</b>	= \$ <b>0.00</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ <b>0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ <b>0.00</b>	<b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain: <b>Currently Debtor has no work and no pay [only 2 days this year]; Debtor expects to return to full time employment.</b>		

Fill in this information to identify your case:

Debtor 1	<b>Joshua R. Heincig</b>
Debtor 2	<b>Morgan M. Heincig</b>
(Spouse, if filing)	
United States Bankruptcy Court for the:	<b>NORTHERN DISTRICT OF ILLINOIS</b>
Case number (If known)	

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
  
 No  
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and Debtor 2.	<input checked="" type="checkbox"/> Yes.	Fill out this information for each dependent.....	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not state the dependents names.			<b>Son</b>	<b>5</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes
			<b>Daughter</b>	<b>9</b>	
			<b>Daughter</b>	<b>10</b>	

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **1,150.00**

If not included in line 4:

4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues  
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$ **0.00**  
4b. \$ **0.00**  
4c. \$ **75.00**  
4d. \$ **0.00**  
5. \$ **0.00**

Debtor 1 **Joshua R. Heincig**  
 Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

6. <b>Utilities:</b>	6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: _____	6a. \$ <b>300.00</b> 6b. \$ <b>0.00</b> 6c. \$ <b>200.00</b> 6d. \$ <b>0.00</b>
7. <b>Food and housekeeping supplies</b>	7. \$ <b>1,000.00</b>	
8. <b>Childcare and children's education costs</b>	8. \$ <b>0.00</b>	
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <b>150.00</b>	
10. <b>Personal care products and services</b>	10. \$ <b>0.00</b>	
11. <b>Medical and dental expenses</b>	11. \$ <b>50.00</b>	
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <b>600.00</b>	
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <b>100.00</b>	
14. <b>Charitable contributions and religious donations</b>	14. \$ <b>0.00</b>	
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: _____	15a. \$ <b>0.00</b> 15b. \$ <b>0.00</b> 15c. \$ <b>140.00</b> 15d. \$ <b>0.00</b>
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <b>0.00</b>	
17. <b>Installment or lease payments:</b>	17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: <b>Bankruptcy Attorneys Fees</b> 17d. Other. Specify: _____	17a. \$ <b>500.00</b> 17b. \$ <b>350.00</b> 17c. \$ <b>200.00</b> 17d. \$ <b>0.00</b>
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <b>0.00</b>	
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ <b>0.00</b>	
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues	20a. \$ <b>0.00</b> 20b. \$ <b>0.00</b> 20c. \$ <b>0.00</b> 20d. \$ <b>0.00</b> 20e. \$ <b>0.00</b>
21. <b>Other:</b> Specify: _____	21. +\$ <b>0.00</b>	
22. <b>Calculate your monthly expenses</b>	\$ <b>4,815.00</b>	
22a. Add lines 4 through 21.	\$ <b>4,815.00</b>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <b>4,815.00</b>	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <b>4,815.00</b>	
23. <b>Calculate your monthly net income.</b>	23a. \$ <b>0.00</b>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <b>4,815.00</b>	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <b>-4,815.00</b>	
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain here: _____	

Fill in this information to identify your case:

Debtor 1	<b>Joshua R. Heincig</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Morgan M. Heincig</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

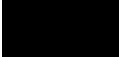
Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

. Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Joshua R. Heincig

**Joshua R. Heincig**  
Signature of Debtor 1

Date March 3, 2016

X /s/ Morgan M. Heincig

**Morgan M. Heincig**  
Signature of Debtor 2

Date March 3, 2016

Fill in this information to identify your case:

Debtor 1	<b>Joshua R. Heincig</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Morgan M. Heincig</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married  
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1  
lived there

Debtor 2 Prior Address:

Dates Debtor 2  
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No  
 Yes. Fill in the details.

Debtor 1	Gross income (before deductions and exclusions)	Debtor 2	Gross income (before deductions and exclusions)
Sources of income Check all that apply.	\$1,024.00	Sources of income Check all that apply.	\$0.00
From January 1 of current year until the date you filed for bankruptcy:  <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	

Debtor 1 **Joshua R. Heincig**  
Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

<b>Debtor 1</b>		<b>Debtor 2</b>	
<b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)	<b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	\$97,469.00	<input type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	\$0.00
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	\$106,684.00	<input type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	\$0.00

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No  
 Yes. Fill in the details.

<b>Debtor 1</b>		<b>Debtor 2</b>	
<b>Sources of income</b> Describe below..	<b>Gross income</b> (before deductions and exclusions)	<b>Sources of income</b> Describe below..	<b>Gross income</b> (before deductions and exclusions)
For the calendar year before that: (January 1 to December 31, 2014 )	Unemployment Compensation	\$8,535.00	

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more?

No. Go to line 7.  
 Yes List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.  
 Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...

Debtor 1 **Joshua R. Heincig**  
Debtor 2 **Morgan M. Heincig**

Case number (if known)

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Current monthly rental and car payments.		\$0.00	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
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**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

 No Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
Explain what happened			

**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?** No Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
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**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?** No Yes

Debtor 1 **Joshua R. Heincig**  
Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

**Part 5: List Certain Gifts and Contributions**13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
<b>Person to Whom You Gave the Gift and Address:</b>			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Charity's Name	Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value

**Part 6: List Certain Losses**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.			

**Part 7: List Certain Payments or Transfers**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

 No Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Magee Hartman, P.C. 444 North Cedar Lake Road Round Lake, IL 60073 bk@mageehartman.com	Attorney Fees		\$1,500.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

 No Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not

Debtor 1 **Joshua R. Heincig**  
 Debtor 2 **Morgan M. Heincig**

Case number (if known)

include gifts and transfers that you have already listed on this statement.

No  
 Yes. Fill in the details.

<b>Person Who Received Transfer</b> Address	<b>Description and value of property transferred</b>	<b>Describe any property or payments received or debts paid in exchange</b>	<b>Date transfer was made</b>
<b>Person's relationship to you</b>			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No  
 Yes. Fill in the details.

<b>Name of trust</b>	<b>Description and value of the property transferred</b>	<b>Date Transfer was made</b>
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**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

<b>Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)</b>	<b>Last 4 digits of account number</b>	<b>Type of account or instrument</b>	<b>Date account was closed, sold, moved, or transferred</b>	<b>Last balance before closing or transfer</b>
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21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

<b>Name of Financial Institution Address (Number, Street, City, State and ZIP Code)</b>	<b>Who else had access to it? Address (Number, Street, City, State and ZIP Code)</b>	<b>Describe the contents</b>	<b>Do you still have it?</b>
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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy

No  
 Yes. Fill in the details.

<b>Name of Storage Facility Address (Number, Street, City, State and ZIP Code)</b>	<b>Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)</b>	<b>Describe the contents</b>	<b>Do you still have it?</b>
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**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No  
 Yes. Fill in the details.

<b>Owner's Name</b> <b>Address (Number, Street, City, State and ZIP Code)</b>	<b>Where is the property? (Number, Street, City, State and ZIP Code)</b>	<b>Describe the property</b>	<b>Value</b>
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Debtor 1 **Joshua R. Heincig**  
 Debtor 2 **Morgan M. Heincig**

Case number (if known)

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

No

Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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Debtor 1 **Joshua R. Heincig**  
Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Name  
Address  
(Number, Street, City, State and ZIP Code)

Date Issued

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Joshua R. Heincig  
Joshua R. Heincig  
Signature of Debtor 1

/s/ Morgan M. Heincig  
Morgan M. Heincig  
Signature of Debtor 2

Date March 3, 2016

Date March 3, 2016

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No  
 Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<b>Joshua R. Heincig</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Morgan M. Heincig</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

## Official Form 108

## Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
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Creditor's **Citizens Finance Company**

name:

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

Description of **2001 Ford F-250 165,000 miles**  
property  
securing debt:

Creditor's **Pronto Finance**

name:

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

Description of **2007 Chevrolet Suburban 165,000 miles**  
property  
securing debt:

### Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Debtor 1 **Joshua R. Heincig**  
Debtor 2 **Morgan M. Heincig**

Case number (if known) \_\_\_\_\_

Lessor's name:  
Description of leased  
Property:

No

Yes

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Joshua R. Heincig

**Joshua R. Heincig**

Signature of Debtor 1

X /s/ Morgan M. Heincig

**Morgan M. Heincig**

Signature of Debtor 2

Date

**March 3, 2016**

Date

**March 3, 2016**

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan  
for family farmers or  
fishermen

Chapter 13 - Voluntary repayment plan  
for individuals with regular  
income

**You should have an attorney review your decision to file for bankruptcy and the choice of chapter.**

### Chapter 7: Liquidation

\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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\$1,167	filing fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

**Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.**

**Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.**

**You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.**

**Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

### Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+	<u>\$75      administrative fee</u>
	\$275     total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+	<u>\$75      administrative fee</u>
	\$310     total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_form\\_s.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure).

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:  
[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html).

In Alabama and North Carolina, go to:  
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Joshua R. Heincig**  
**Morgan M. Heincig**

Debtor(s)

Case No.

Chapter

7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$ <b>2,000.00</b>
Prior to the filing of this statement I have received .....	\$ <b>1,112.00</b>
Balance Due .....	\$ <b>888.00</b>

2. \$ **335.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor  Other (specify): \_\_\_\_\_

4. The source of compensation to be paid to me is:

Debtor  Other (specify): \_\_\_\_\_

5.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; Upon confirmation of written Post-Petition Fee Agreement for payment of balance due, representation of the Debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof.**

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

March 3, 2016  
*Date*

/s/ James T. Magee  
**James T. Magee 1729446**  
*Signature of Attorney*  
**Magee Hartman, P.C.**  
**444 North Cedar Lake Road**  
**Round Lake, IL 60073**  
**(847) 546-0055 Fax: (847) 546-8390**  
**bk@mageehartman.com**  
*Name of law firm*

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Joshua R. Heincig**  
**Morgan M. Heincig**

Debtor(s)

Case No.

Chapter **7**

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: \_\_\_\_\_ **65**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **March 3, 2016**

**/s/ Joshua R. Heincig**

**Joshua R. Heincig**

Signature of Debtor

Date: **March 3, 2016**

**/s/ Morgan M. Heincig**

**Morgan M. Heincig**

Signature of Debtor

Advocate Good Shepherd Hosp.  
Emergency Room Services  
450 West Highway 22  
Barrington, IL 60010

Advocate Medical Group  
8550 West Bryn Mawr Avenue  
8th Floor  
Chicago, IL 60631

Anesthesia Assoc Crystal Valley  
c/o A/R Concepts  
33 West Higgins Road  
Barrington, IL 60010

AT&T  
c/o Enhanced Recovery  
8014 Bayberry Road  
Jacksonville, FL 32256

AT&T U-Verse  
c/o I C System Inc.  
P. O. Box 64378  
Saint Paul, MN 55164

Capital One Bank N.A.  
c/o Portfolio Recovery  
120 Corporate Blvd., #1  
Norfolk, VA 23502

Capital One Bank N.A.  
c/o Portfolio Recovery  
P. O. Box 41067  
Norfolk, VA 23541

Centegra Health Systems  
c/o Aams LLC  
4800 Mills Civic Pkwy, #202  
West Des Moines, IA 50265-5265

Centegra Hospital McHenry  
P. O. Box 1447  
Woodstock, IL 60098-1447

Centegra Physician Care  
P. O. Box 37847  
Philadelphia, PA 19101-7847

Center for Diagnostic Imaging  
P. O. Box 1450 NW5710  
Minneapolis, MN 55485-5710

Charter Communications  
c/o Credit Management LP  
4200 International Pkwy  
Carrollton, TX 75007

Cheuw M. Oey, M.D.  
c/o CMRE Financial Services, Inc.  
3075 E. Imperial Hwy, #200  
Brea, CA 92821

Childrens Hosp of Wisconsin  
c/o MHFS  
P. O. Box 1996  
Milwaukee, WI 53201

Childrens Hosp. of Wisconsin  
c/o MHFS  
10200 W. Innovation Drive  
Milwaukee, WI 53226

Citizens Finance Company  
60 West Terra Cotta Avenue, #D  
Crystal Lake, IL 60014

City of McHenry  
c/o Certified Services, Inc.  
P. O. Box 177  
Waukegan, IL 60079-0177

Clinton Emergency Assoc.  
c/o Aba  
300 1/2 South 2nd  
Clinton, IA 52733

First National Bank McHenry  
3814 West Elm Street  
McHenry, IL 60050

First National Bank of McHenry  
c/o Donald C. Stinespring & Assoc.  
P. O Box 382  
Richmond, IL 60071-0382

Froedtert Hospital  
c/o MHFS  
10200 W. Innovation Drive  
Milwaukee, WI 53226

Froedtert Hospital  
c/o MHFS  
P. O. Box 1996  
Milwaukee, WI 53201

Gateway Medical Imaging  
c/o Cbe Group  
1309 Technology Pkwy  
Cedar Falls, IA 50613

Greater Elgin Emerg. Specialists  
c/o Creditors Collection  
755 Almar Pkwy  
Bourbonnais, IL 60914

Greater Elgin Emerg. Specialists  
c/o Creditors Collection  
P. O. Box 63  
Kankakee, IL 60901

J & K Pediatrics LLC  
4119 West Shamrock Lane  
Suite 201  
McHenry, IL 60050-8268

Long Beach Public Library  
c/o Unique National Collection  
119 East Maple Street  
Jeffersonville, IN 47130

Los Alamitos Imaging Ctr  
c/o Continental Credit Ctr  
22 North Milpas Street, #C  
Santa Barbara, CA 93103

Los Alamitos Medical Center  
c/o Central Financial Control  
P. O. Box 66051  
Anaheim, CA 92816

McHenry Pediatrics, M.D.  
c/o American Credit Systems  
P. O. Box 72849  
Roselle, IL 60172-0849

McHenry Public Library District  
c/o Unique National Collection  
119 East Maple Street  
Jeffersonville, IN 47130

McHenry Radiologists  
c/o A/R Concepts  
33 West Higgins Road  
South Barrington, IL 60010

McHenry Radiologists  
c/o Oac  
P. O. Box 371100  
Milwaukee, WI 53237

McHenry Radiologists  
P. O. Box 220  
McHenry, IL 60051-0220

MCW Physicians-Pediatric  
c/o MHFS  
10200 W. Innovation Drive  
Milwaukee, WI 53226

MCW Physicians-Pediatric  
c/o MHFS  
P. O. Box 1996  
Milwaukee, WI 53201

MDC Environmental Services  
1050 Greenlee Street  
Marengo, IL 60152

MDC Environmental Services  
c/o ARM Solutions, Inc.  
P. O. Box 2929  
Camarillo, CA 93011-2929

Medical College Physicians  
c/o MHFS  
10200 W Innovation Drive  
Milwaukee, WI 53226

Medical College Physicians  
c/o MHFS  
P. O. Box 1996  
Milwaukee, WI 53201

Mercy Health System Physician Service  
c/o Harris & Harris, Ltd.  
111 West Jackson Blvd., #400  
Chicago, IL 60604-4135

Mercy Health System  
1000 Mineral Point Avenue  
Janesville, WI 53548

Mercy Medical Center  
c/o Tri State Adjustment  
440 Challenge Street  
Freeport, IL 61032

MHS-Physicians Services  
c/o Osi Collection  
507 Prudential Road  
Horsham, PA 19044

MHS-Physicians Services  
c/o State Collection Service  
2509 S. Stoughton Road  
Madison, WI 53716

Moraine Emerg. Physicians  
c/o Credit Management  
P. O. Box 1654  
Green Bay, WI 54305

Moraine Emerg. Physicians  
c/o Deca Financial Service  
12175 Visionary Way  
Fishers, IN 46038

Moraine Emerg. Physicians  
c/o NCO Fin / 02  
507 Prudential Road  
Horsham, PA 19044

Moraine Emerg. Physicians  
c/o NCO Fin/99  
P. O. Box 15636  
Wilmington, DE 19850

Moraine Emerg. Physicians  
c/o Nrthestcrcol  
245 Main Street  
Dickson City, PA 18519

Moraine Emerg. Physicians  
c/o Pinnacle Financial Group  
P. O. Box 7230  
Overland Park, KS 66207

Moraine Emerg. Physicians  
c/o Round Two Recovery LLC  
3690 East I-240 Servi  
Oklahoma City, OK 73135

Nicor Gas  
Credit Department  
P. O. Box 549  
Aurora, IL 60507

Pendrick Capital Partners LLC  
c/o Harvard Collection  
4839 North Elston Avenue  
Chicago, IL 60630

Pronto Finance  
1900 East Golf Road  
Schaumburg, IL 60173

Robert G. Pugach M.D.  
c/o I C System Inc.  
P. O. Box 64378  
Saint Paul, MN 55164

St. Mary Medical Center  
c/o Progressive Management  
P. O. Box 2220  
West Covina, CA 91793

St. Mary Medical Center  
c/o Progressive Mgmt System  
1521 W Cameron Ave., Flr 1  
West Covina, CA 91790

TCF National Bank  
c/o American Collections  
919 Estes Court  
Schaumburg, IL 60193

The Payday Loan Store of Illinois  
810 Front Street, Unit D  
McHenry, IL 60050

Tri-County Emerg. Physicians  
c/o Medical Business Bureau  
1460 Renaissance Drive  
Park Ridge, IL 60068

Tri-County Emergency Phys.  
P. O. Box 98  
Barrington, IL 60011-0098

Wellington Radiology Group  
44000 Garfield Road  
Clinton Township, MI 48038

WPL Company/Alliant Energy  
c/o OSI Collection  
407 Prudential Road  
Horsham, PA 19044

WPL Company/Alliant Energy  
c/o State Collection Service  
2509 S. Stoughton Road  
Madison, WI 53716